RISK MANAGEMENT FUND
MOTOR VEHICLE ACCIDENT REPORT
STATE OF NORTH DAKOTA
SFN 51301 (6-2005)

DEPARTMENT LOCATION CODE

☐ Claim Form Requested
☐ Destruction Hold Notice

DRIVER RESPONSIBILITY: Complete this original report immediately after the accident and fax a copy to State Fleet Services at 701-328-2514. If you have any questions, please call State Fleet Services at 701-328-1472 or 701-328-1434.

AGENCY	Agency Name		District/Division	
	Address		Telephone Number	
TIME	Date of Accident	Day of Week	Hour A.M. ☐ P.M. ☐	
LOCATION	Highway Number	Posted Speed Limit	Location From Nearest City	
	City	Street	At Intersection With	
TYPE	☐ Backing ☐ Turned Over ☐ Fixed Object ☐ Snowplowing/Sanding ☐ Animal ☐ Sideswipe ☐ Right Angle ☐ Head On ☐ Other(Describe) _____ ☐ Rear End ☐ You Hit ☐ You Were Hit			

STATE VEHICLE No. 1	**VEHICLE**	Year	Make	Model	Unit Number	
	Driver's Name			Driver's License Number		Citation Issued ☐ Yes ☐ No
	Work Telephone Number			Home Telephone Number		
	Home Address			City	State	Zip Code
	Driver Injured ☐ No ☐ Yes - Describe Injury					
	Estimated Speed		Direction Traveling		Worker's Compensation Claim Filed ☐ Yes ☐ No	
	Damage (List Parts)				Estimate $	
	Passengers ☐ None ☐ Injured/Killed ☐ Injured/Killed			Telephone Numbers Work Work	Telephone Numbers Home Home	

OTHER VEHICLE No. 2	**VEHICLE**	Year	Make	Model	License Plate	State
	Driver's Name			Driver's License Number		Citation Issued ☐ Yes ☐ No
	Work Telephone Number			Home Telephone Number		
	Home Address			City	State	Zip Code
	Direction Traveling		Driver Injured ☐ No ☐ Yes - Describe Injury			
	Damage (List Parts)				Estimate $	
	Passengers ☐ None ☐ Injured/Killed ☐ Injured/Killed			Telephone Numbers Work Work	Telephone Numbers Home Home	

OWNER'S	Insurance Company		Policy Number		
	Address		Telephone Number		
DRIVER'S	Insurance Company		Policy Number		
	Address		Telephone Number		
WITNESS	Name		Address	City	State / Zip Code
	Location To Accident		Telephone Number Work	Telephone Number Home	
DAMAGE TO OTHER PROPERTY	What		Estimate $	Telephone Number Work	Telephone Number Home
	Owner/Name		Address		
OTHERS INJURED/ KILLED	Name				
	Address	City / State	Zip Code	Telephone Number Work	Telephone Number Home
	Nature and Extent of Injury				

CONDITIONS

WEATHER ☐ Clear ☐ Raining ☐ Snowing ☐ Sleeting ☐ Fog ☐ Other _____

ROADWAY ☐ Dry ☐ Icy ☐ Slippery ☐ Under Repair ☐ Other _____

Did Vehicle Have Any Defects? _____

Were Seat Belts in Use? ☐ Yes ☐ No

What Lights Were On? _____

Explain How Accident Occurred

Diagram: Mark State Vehicle 1 And Other Vehicle 2

State Employee	Department	Telephone Number
State Employee Completing Report	Telephone Number	Date